U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Nulliber 0 - 1993	2, ristal fear Covered From.			
<i>*</i> /	1 / 1 / 2009, Through: 12 / 31 / 2004			
Name and address of person filing.	Name, file number, and address of labor organization.			
Name ALAN WALL	Name ALAN HALL			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 165 WEST H. ST.	Street 165 WEST 46 ST			
City NEW YORK	City NEW YORK			
State NY ZIP Code + 4 10036-2598	State N 7 ZIP Code + 4) 00 36-259			
5. Position in labor organization. STAGE MANAGER C	OUNGILIOP			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or o	derived income or other economic benefit of			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.			
	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
Name	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.			
Name Trade Name, if any:				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			